

FOR OFFICE USE ONLY

COUNTY CODE:_____ CLUB CODE:_____ MEMBER CODE:_____

GALLATIN COUNTY 4-H
201 WEST MADISON, STE 300
BELGRADE, MT 59714

Club:_____

Category **(Circle One)**: **1)** Member **2)** Cloverbud **3)** Organizational Leader **4)** Activity Leader
 5) Project Leader **6)** Resource Leader **7)** SpecialEnrollment Type **(Circle One)**: **N**-New Enrollment **R**-Re-enrollment

Last Name:_____ First Name_____ M.I._____

Address:_____ City_____ State_____ Zip_____

School:_____ Soc Sec #_____-_____-_____ Year in 4-H_____

Youth Leader_____ Gender:_____ Birthday_____/_____/_____ 4-H Age:_____ Grade_____

Other 4-H Memberships:_____

Ethnic **(Circle one)**: **1)** Hispanic **2)** Not HispanicRace **(Circle one)**: **1)** White **2)** Black **3)** Alaskan/Am. Ind. **4)** Asian **5)** Hawaiian/Pac. Island
 6) White & Black **7)** White & Alaskan/Am. Ind. **8)** Black & Alaskan/Am. Ind.
 9) White & Asian **10)** OtherResidence **(Circle one)**: **1)** Farm **2)** Rural/10,000 **3)** Town/10-50,000 **4)** Suburb/50,000 **5)** City/50,000

Project Name	Project Code	Project Name	Project Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annual Fees: Members= \$15 for 3 projects/\$1 for each additional project **Leader=** \$5 **Cloverbud=** \$5

The Gallatin County MSU Extension Service would like to use photograph(s) of your child on our Website, press releases, newsletters, and other publicity related to 4-H activities. We will not use personal details or full names (first and last) of any child in a photograph on our web site. We will not include personal e-mail or postal addresses, telephone or fax numbers on our website or in other printed publications. We may use the name of the child in accompanying text or a photo caption. We may use group or photographs with very general labels. We will only use images of children in suitable dress, to reduce the risk of inappropriate use of images.

May we use a photograph of your child for these purposes (circle one) YES NO

Do you require an accommodation for a disability to participate in this program?_____

Parent Last Name:_____ First Name_____ M.I._____

Address:_____ City_____ State_____ Zip_____

Home Phone: (_____) _____-_____ Cell Phone: (_____) _____-_____

Occupation (optional):_____ Work Phone (_____) _____-_____

Parent Type (circle one) Primary Parent Additional Parent Other

Legal Guardian: Yes/No Circle One: Send Mailing or Send E-Mail

Family E-mail (for newsletters/project information) _____

Member Signature_____ Leader Signature_____

Parent/Guardian Signature_____ Date_____